U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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1. File Number U- 7855

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

11/1/04 Through: 12/31/04

3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name FRANK E Telese JR	Name Electrical WORKERS IBFW AFL-CIO	
	Labor Organization File Number (03.436/)	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1421 571778 Rtc 95%	Street 217 SASSIFERS LANE	
City VolANE	City Beaven	
State P.13 ZIP Code + 4 16/5%	State P.4 ZIP Code + 4 15009-1769	
5. Position in labor organization. Business Maninger		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of	
moretary value from an employer whose employees your organization	on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
	on represents or is actively seeking to represent.	
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6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signature and is to the best of the	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signa 15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany).	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signature and is to the best of the	

Name of Person Filing FRANK E. Telese	SR. File Number U-			
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or indirectly to or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Trade Name, if any:	a. Labor Organization			
	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street:				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	# 1 Mark			
City	Approximate dollar value of such dealing. Nature of interest held or income received.			
State ZIP Code + 4	12.d. Nature of interest field of income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered und	or parts A and B above)			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name IBEW LU 7/2 TRUST FUNDS	Conference for Trustees:			
Trade Name, if any:	Conserve Registertion 427,50 Room & Bound			
	737			
P.O. Box, Bldg., Room No., if any	~ / / /			
Street P.O. Box 248	CAR Rental 122.00			
City Beaver	:			
State PA ZIP Code + 4 /500 7				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. # 1,282 - 11			